

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Herewith

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

TECHNIQUES FOR RETRIEVING MULTIMEDIA  
INFORMATION USING A PAPER-BASED  
INTERFACE

Attorney Docket Number::

015358-007200US

Request for Early Publication::

No

Request for Non-Publication::

Yes

Suggested Drawing Figure::

13B

Total Drawing Sheets::

34

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Jonathan

Middle Name: J.

Family Name: Hull

Name Suffix:

City of Residence: San Carlos

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 751 Laurel Street PMB 434

City of Mailing Address: San Carlos

State or Province of mailing address: CA

Country of mailing address: US

Postal or Zip Code of mailing address: 94070

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Jamey

Middle Name:

Family Name: Graham

Name Suffix:

City of Residence: San Jose

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 1196 Shasta Avenue

City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95126

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::